

**STATE BOARD OF WORKERS' COMPENSATION
REHABILITATION REGISTRATION
RENEWAL
November, 2005**

**RETURN RENEWAL APPLICATION WITH CHECK OR MONEY ORDER FOR \$50.00 TO:
STATE BOARD OF WORKERS' COMPENSATION**

ATTN: YVONNE R. WATKINS
Managed Care and Rehabilitation Division
270 Peachtree Street, NW
Atlanta, GA 30303-1299
404-656-0849

Rehabilitation Renewals available online at www.sbwg.georgia.gov from 10-1-05 thru 11-30-05

ALL APPLICATIONS FOR RENEWAL MUST BE RECEIVED BY NOVEMBER 30, 2005.

ANY LATE APPLICATION WILL BE SUBJECT TO A LATE FEE AND/OR PENALTIES. REHABILITATION SUPPLIERS ARE RESPONSIBLE FOR COMPLIANCE WITH ALL RULE CHANGES AND ARE RESPONSIBLE FOR OBTAINING THE RENEWAL APPLICATION.

Any person who fails to renew on or before November 30th, shall be penalized an additional \$25.00. Any person who is delinquent on or after January 1 of each year shall be penalized an additional amount up to \$100.00. Any supplier who has not renewed his/her registration by November 30th of the year following their supplier registration expiration date, shall not be eligible for renewal, and will be required to submit a new application to become a rehabilitation supplier in accordance with Section 200.1

**COPIES OF GEORGIA WORKERS' COMPENSATION LAW, RULES AND REGULATIONS ANNOTATED,
WHICH GOVERN REHABILITATION ACTIVITIES, MAY BE OBTAINED FROM:**

LEXIS LAW PUBLISHING
POST OFFICE BOX 7587
CHARLOTTESVILLE, VA 22906-7587
1-800-562-1197

THE PROCEDURE MANUAL CONTAINS A CHAPTER PERTAINING TO REHABILITATION (Ch 7). THE PROCEDURE MANUAL CAN BE ACCESSED ON OUR WEBSITE, AND CAN BE PRINTED AT NO COST, OR THE BOARD WILL PRINT THE PROCEDURE MANUAL AND MAIL IT TO YOU AT A COST OF \$30.00. SHOULD YOU DESIRE THE BOARD TO PRINT A COPY AND MAIL IT TO YOU, PLEASE CONTACT THE MAIL ROOM.

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

Managed Care and Rehabilitation

270 PEACHTREE ST., NW

ATLANTA, GA 30303

(404) 656-0849

November, 2005

REHABILITATION REGISTRATION RENEWAL

PERSONAL DATA

NAME:

(LAST)

(FIRST)

(MIDDLE)

ADDRESS:

(STATE)

(ZIP)

PHONE:

FAX#

EMAIL

GA REHABILITATION SUPPLIER #

ADDRESS/PHONE /EMAIL TO BE USED FOR BOARD CORRESPONDENCE

MAILING ADDRESS

(CITY)

(STATE)

(ZIP)

TELEPHONE NUMBER

EMAIL ADDRESS

ANY CHANGE IN ADDRESS, PHONE NUMBER OR E-MAIL ADDRESS MUST BE REPORTED TO **YVONNE R. WATKINS**, IN THE MANAGED CARE AND REHABILITATION DIVISION OF THE STATE BOARD OF WORKERS' COMPENSATION. **CHANGES SENT TO OTHER DIVISIONS WILL NOT BE PROCESSED.**

NOTICE: CERTIFIED REHABILITATION SUPPLIER

COPIES OF ALL CERTIFICATIONS MUST ACCOMPANY RENEWAL APPLICATION ON YEAR OF RENEWAL WITH THE CERTIFYING BOARD.

NOTICE: UNCERTIFIED REHABILITATION SUPPLIER (REGISTERED PRIOR TO 1985)

ATTACH EVIDENCE OF 30 CONTACT HOURS OF CONTINUING EDUCATION UNITS THAT HAVE BEEN APPROVED BY ONE OF THE CERTIFYING BOARDS. REFER TO RULE 200.1(f) (1)(I)

DO YOU WRITE OR SPEAK A FOREIGN LANGUAGE:

☐ YES ☐ NO

IF YES, STATE LANGUAGE AND NUMBER OF YEARS:

ARE YOU ABLE TO COMMUNICATE WITH THE DEAF IN SIGN LANGUAGE?

☐ YES ☐ NO

HAVE YOU EVER HAD ANY BUSINESS OR PROFESSIONAL LICENSE REVOKED, SUSPENDED OR ANNULLED OR HAD ANY OTHER DISCIPLINARY ACTION TAKEN AGAINST YOU? IF YES, EXPLAIN

HAVE YOU EVER BEEN REGISTERED UNDER ANY OTHER NAME?

☐ YES ☐ NO

IF YES, STATE THE NAME

WILL YOUR PRINCIPAL PLACE OF BUSINESS BE IN GEORGIA:

☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR PLED NOLO CONTENDRE IN A CRIMINAL PROCEEDING?

☐ YES ☐ NO

IF YES, EXPLAIN

I HAVE READ, AND AM AWARE OF, O.C.G.A. 34-9-200.1 AND RULE 200.1. ALL OF THE INFORMATION ABOVE IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE STATE BOARD OF WORKERS' COMPENSATION TO MAKE ANY INVESTIGATION OF THE FOREGOING INFORMATION. I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION MAY RESULT IN REJECTION OR REVOCATION OF REGISTRATION.

SIGNATURE _____ DATE _____

NOTARY _____ EXPIRATION DATE _____

I will volunteer to serve as a Catastrophic Rehabilitation Mentor.

Please check one: ☐ Yes ☐ No